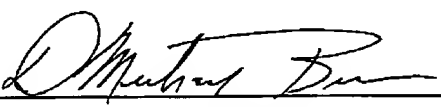
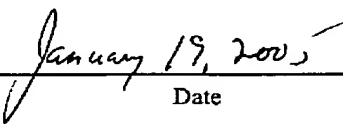


JAN 19 2005

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>		Docket Number B01-31															
Application Number 09/973,344		Filed October 9, 2001															
For METHOD FOR MAKING GOLF BALL CORES AND APPARATUS FOR USE THEREIN																	
Art Unit 1732		Examiner Edmund H. Lee															
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):</p> <table><tr><td><input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))</td><td>\$120</td><td>\$ <u>120</u></td></tr><tr><td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td><td>\$450</td><td>\$ _____</td></tr><tr><td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td><td>\$1,020</td><td>\$ _____</td></tr><tr><td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td><td>\$1,590</td><td>\$ _____</td></tr><tr><td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td><td>\$2,160</td><td>\$ _____</td></tr></table> <p><input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>502309</u>. I have enclosed a duplicate copy of this sheet.</p> <p>I am the <input type="checkbox"/> applicant/inventor.</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>38,400</u></p> <p><input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number _____</p> <p> _____ Signature</p> <p> _____ Date</p> <p>_____ D. Michael Burns Typed or printed name</p> <p>_____ (508) 979-3563 Telephone Number</p> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> <p><input type="checkbox"/> Total of _____ forms are submitted.</p>			<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$ <u>120</u>	<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450	\$ _____	<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1,020	\$ _____	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1,590	\$ _____	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2,160	\$ _____
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<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1,020	\$ _____															
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1,590	\$ _____															
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2,160	\$ _____															